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UTILITY
PATENT APPLICATION
TRANSMITTAL
new popprovisional applications under 37 CEI

Attorney Docket No.	35.C15131
First Name	ed Inventor or Application Identifier
	Takayuki Tsuboi et al.
Express Mail Label No.	

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≥ <b>3</b> 6	PAIENT APPI	ICATION	Attorney Docket No. 35.C15131
			First Named Inventor or Application Identifier
C (Only for n	ew nonprovisional applicat	ions under 37 CFR 1.5	b)) Takayuki Tsuboi et al.
Ö			Express Mail Label No.
See MPEP c	APPLICATION I hapter 600 concerning utili	LEMENTS	
		y patent application co	ents. ADDRESS TO: Commissioner for Patents Box Patent Application
1. X Fee	Transmittal Form		Washington, DC 20231
	omit an original, and a duplicat	e for fee processing)	CD-ROM or CD-R in duplicate Level 1
2. App	licant claims small entity s	tatus.	Program (Appendix)
See	37 CFR 1.27.		8. Nucleotide and/or Amina A
3. X Spec	cification	·	8 Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
Spec	uncation	Total Pages 72	
4. X Draw	ing(a) (os (loa	-	A
Diaw	ing(s) (35 USC 113)	otal Sheets 19	b. Specification Sequence Listing on:
5. Oath	os Danida III	F	i. CD-ROM or CD-R (2 copies); or
, J Calli	or Declaration 7	otal Pages	
a.	Newly executed (original	al or conv	paper
1 b			c. Statements verifying identity of above copies
b	Copy from a prior appl	ication (37 CFR 1.63(d	AUCOMPANIVING A DDI 1-
	(for continuation/division	nal with Box 17 complete	Assignment Papers (cover sheet & document(s))
Paris	i. DELETION	OF INVENTOR(S)	
	Signed Staten	ent attached deleting invertion application, see 37 C	or(s) (when there is an assignee) Power of Attorney
	1.63(d)(2) and	1.33(b).	
6. X Applica	tion Data Sheet. See 37 (	FR 1 76	Linguist Translation Document (if applicable)
	000 07 (	/FR 1.76	12. Information Disclosure Statement (IDS)/PTO-1449 Citations
			13. Preliminary Amendment
			1
			14. X Retum Receipt Postcard (MPEP 503) (Should be specifically itemized)
			15. Certified Copy of Priority Document(s) (if foreign priority is claimed)
1			16 Other:
17. If a CONTINUI	NG APPLICATION, check	appropriate box and a	ply the requisite information:
		. For and Si	Dly the requisite information:
Prior application inform	nation: Examiner	Continua	on-in-part (CIP) of prior application No/
For CONTINUATION			
considered a part of the	e disclosure of the accompan	The entire disclosure of the	prior application, from which an oath or declaration is supplied under Box 5b, is all application and is hereby incorporated by reference. The incorporation can only be
relied upon when a por	tion has been inadvertently or	nitted from the submitted	al application and is hereby incorporated by reference. The incorporation and is hereby incorporated by reference.
		18. CORRES	DNDENCE ADDRESS
X Customer Nur	nber or Bar Code Label		5514
		(insert Customer No. c	attach bar code label here) or Correspondence additional
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		State Telephone	Zip Code

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NI IMPED EVE		
	TOTAL CLAIMS (37 CFR 1.16(c))	32-20 =	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATION
	INDEPENDENT		12	X \$ 18.00 =	\$716.00
	CLAIMS (37 CFR 1.16(b))	9-3 =	6	X \$ 80.00 =	£400.00
	MULTIPLE DEPENDENT	CLAIMS (if applicable) (37.6	CED 1 40/40		\$480.00
		(0)	2rk 1.16(a))	\$270.00 =	\$0.00
				BASIC FEE (37 CFR 1.16(a))	\$710.00
	Reduction by 5	0% for filing by	Total of a	bove Calculations =	\$1,406.00
		0% for filing by small enti	ty (Note 37 CFR 1.9, 1.:	27, 1.28).	
				TOTAL =	\$1,406.00
а. b. c.	A small entit  A small entit  and desired.  Is no longer	y statement is enclosed y statement was filed in t	he prior nonprovisional :	application and such	status is still proper

SIGNAT	URE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED
NAME	Peter Saxon, Registration No. 24,947
SIGNATURE	PelerSaxen
DATE	February 14, 2001

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